

**Illinois Department of Public Health
Interim Guidance for Infection Prevention and Control
when 2019 Novel Coronavirus (2019-nCoV) is suspected
January 31, 2020**

The Centers for Disease Control and Prevention (CDC), the Illinois Department of Public Health (IDPH), and other public health partners continue to closely monitor the 2019-nCoV situation.

NOTE: The CDC is constantly updating their website in this rapidly evolving situation at 2019-nCoV Situation Summary

<https://www.cdc.gov/coronavirus/2019-ncov/summary.html>

CURRENT SUMMARY:

- Chinese health authorities were the first to post the full genome of the 2019-nCoV
- Coronaviruses are a large family of viruses, some causing illness in people.
- Animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS.
- Initial patients in the outbreak in Wuhan, China reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread.
- A growing number of patients reportedly have not had exposure to animal markets.
- Person-to-person spread of 2019-nCoV is occurring.
- Person-to-person spread with other coronaviruses (MERS and SARS), appears to have happened via respiratory droplets produced when an infected person coughs or sneezes.
- Spread of MERS and SARS between people has generally occurred between close contacts
- There may be other modes of transmission, either possibly through contact or airborne mode. Therefore, it is important to be cautious. Past MERS and SARS outbreaks have been complex, requiring comprehensive public health responses.
- It's not clear yet how easily 2019-nCoV spreads from person-to-person.
- There is more to learn to better assess the risk posed by this virus.
- Imported cases of 2019-nCoV infection in people have been identified in the U.S. While person-to-person spread among close contacts has been detected with this virus, at this time this virus is NOT currently spreading in the community in the United States.
- CDC and the IDPH are taking proactive preparedness precautions.

SYMPTOMS:

Patients with confirmed 2019-nCoV infection have reportedly had mild to severe respiratory illness with symptoms of:

- fever
- cough
- shortness of breath

CDC believes at this time that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure. This is based on what has been seen previously as the incubation period of MERS viruses.

CURRENT Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Patients in the United States who meet the following criteria should be evaluated as a person under investigation (PUI) in association with the outbreak of 2019-nCoV in Wuhan City, China.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact ² with a laboratory-confirmed ^{3,4} 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province , China within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁴	AND	A history of travel from mainland China within 14 days of symptom onset

¹Fever may be subjective or confirmed

²Close contact is defined as—

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – *or* –
- b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's updated Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus.

Data to inform the definition of close contact are limited. **Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.**

³Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

⁴Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

CONTROL MEASURES

- Early recognition and source control
- Application of Standard Precautions for all patients.
 - Patients under investigation should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed
 - Implementation of empiric additional precautions for suspected cases (standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield)).
- Administrative controls
- Environmental and engineering controls
- Public Health Notification

EARLY RECOGNITION AND SOURCE CONTROL:

To facilitate early recognition:

1. Encourage healthcare workers (HCW) to have a high level of clinical suspicion
2. Institute screening questionnaire
3. Post signage in public areas reminding symptomatic patients to alert HCWs
4. Provide mask to suspected patients (source control)
5. Promote respiratory hygiene and cough etiquette
6. Triage suspected patients promptly

NOTE: Outpatient facilities

Follow EARLY RECOGNITION AND SOURCE CONTROL steps listed above and contact local health departments should a patient present with clinical symptoms, travel history, or exposure to suspected nCov.

PRECAUTIONS: CDC currently recommends a cautious approach to patients under investigation for 2019 Novel Coronavirus

Standard Precautions include hand and respiratory hygiene; use of personal protective equipment (PPE) depending on risk; prevention of needle-stick or sharps injury; safe waste management; environmental cleaning and sterilization of patient-care equipment and linen. **Consistent use of appropriate personal protective equipment and frequent hand hygiene will help reduce the spread of the pathogens.**

Contact Precautions, Airborne Precautions with Eye Protection (e.g. goggles or face shield)

- Implement empiric enhanced precautions for patients being evaluated as a patient under investigation (PUI) for 2019-nCoV:
 - Patients should be asked to wear a surgical mask as soon as they are identified
 - Evaluate in a private room with the door closed
 - Ideally airborne infection isolation room if available.
 - Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield).

- Immediately notify healthcare facility's infection control personnel
- Immediately notify local health department

Outpatient facilities that cannot maintain airborne precautions should discuss with public health the need for transfer to a facility that does have appropriate environmental controls. Patients in inpatient settings should not be removed from airborne isolation without discussing with public health.

Administrative Controls

- Healthcare settings should establish policies and procedures to prevent the transmission of 2019-nCoV. Policies and procedures should follow CDC guidance.

Environmental Controls

- Ensure adequate spatial separation between suspected patients and other patients
- Maintain adequate ventilation requirements for airborne isolation rooms
- Ensure that cleaning and disinfection procedures are followed consistently and correctly. Use an EPA registered disinfectant that is effective against the human coronavirus.

Public Health Notification

Healthcare providers should immediately notify

- Infection control personnel at their healthcare facility.
- Local health department in the event of a PUI for 2019-nCoV.
- State health departments that have identified a PUI should immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100
- Complete a 2019-nCoV PUI case investigation form (Link: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>)

Resources:

CDC 2019 Novel Coronavirus web page

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

CDC's interim guidance:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>

CDC's previous guidance for MERs:

<https://www.cdc.gov/coronavirus/mers/infection-prevention-control.html#recommendations>

Detailed guidance about different isolation precautions and control measures:

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/>

WHO guidance:

<https://apps.who.int/iris/bitstream/handle/10665/330375/WHO-2019-nCoV-IPC-v2020.1-eng.pdf>